Application No. 9/812,639 3/20/2001 Alexander G. Kalinowski 25006 3626 1113 Invention METHOD OF PAYMENT FOR A HEALTHCARE SERVICE COMMISSIONER FOR PATENTS: Commission of the provided provided by the provided by t	AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Michael Levine						Docket No. LVN-08602/03		
COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. Applicant claims small entity status. See 37 CFR 1.27 The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 10 20 = 0 x \$25.00 \$0.00 INDEP. CLAIMS 3 3 = 0 x \$100.00 \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. In the amount of 1 to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.16. Any patent application on this form may become public. Credit card information should not be included in this form. Provide credit card information and authorization on PTO-2038. Dated: 3-8-3-6-6 I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class. In an envelope addressed to Commissioner for Patents, P.P.P.O. Box 7021 Troy, MI 48007 248-647-6000	* *	i -		wski	1	No.	· •		
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INDEP. CLAIMS 3	OLAIMO		† ·	CLAIMS		 	·		
Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00 No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.17. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included in this form. Provide credit card information and authorization on PTO-2038. Dated: 2-9-206 Certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 7021 Troy, MI 48007 248-647-6000			 			+		· · · · · · · · · · · · · · · · · · ·	
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oc: Sennifer Baramuski									

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Attorney Docket No. LVN-08602/03

RESPONSE UNDER 37 CFR 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 3600

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Michael R. Levine

Serial No.:

09/812,639

Group Art Unit: 3626

Filing Date:

March 20, 2001

Examiner: Alexander G. Kalinowski

For:

METHOD OF PAYMENT FOR A HEALTHCARE SERVICE

AMENDMENT UNDER RULE 116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed January 26, 2006, please amend the aboveidentified patent application as follows: